2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 30, 2006 8:00 am Secretary of State 03-30-2006 90014 004 ****61.25

DOCUMENT	# N95000004390

GAMMA ETA EDUCATIONAL FOUNDATION, INC.

			- To was	<u> </u>				
	e of Business E POINTE STE 103 E, FL 32308	Mailing Address 4834 BALLYGAR DRIVE TALLAHASSEE, FL 3230	9		4.0-			
2. Principal P	lace of Business	3. Mailing Address						
	Ballygar Dr.	C		'	BURSHUN MAN ANAMA MBAHA	MAINE MAIN RAIN OF	filt Entir ginns tirin taht	PRINTEL ET 17491
Suite, Apt.	#, etc. /)	Suite, Apt. #, etc.		010	92006 Chg-	NP (CR2E037 (11/05)
City & State	assee Florida	City & State			Number 9-3338740		 	Applied For Not Applicable
Zip 323	G9 Country Leon	Zip	Country	5. C	ertificate of Status	s Desired	\$8.75 A	
	6. Name and Address of Current F	Registered Agent		7. Na	me and Addres	s of New Reg	istered Agent	
	S, BUCK TRE POINTE STE 103 SSEE, FL 32308		Street Add	Mike dress (P.O. Bo 46 M	Ruff x Number is Not Nonas	Acceptable))e.	
			City_Ta	-llaha s	see		FL Zip C	ode 30 ₽
	named entity submits this statement for ions of registered agent.	the purpose of changing its re				State of Floric	la. I am familiar wi	h, and accept
(He Obligat	ions of registered agents	1 18	9 m	,				
SIGNATURE .	(9.11/2	May ()	wff				DATE	
	Signature, typed or printed name of registered agent a	and tatle if applicable. (NOTE:	Registere Agent signature	e required when rein	istating)			
	Signature, when or printed name of refinitered agent a Filling Fee is \$61.25 Due by May 1, 2006	9. Election Camp Trust Fund Co	paign Financing	\$5.0	0 May Be to Fees		e check payable a Department of	
10.	Filing Fee is \$61.25	9. Election Camp Trust Fund Co	paign Financing ontribution.	\$5.0 Added	May Be to Fees ONS/CHANGES	Florida		State
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

GNATURE AND TYPES ON HENTED NAME OF SIGNING OFFICER OR DIRECTOR 2-23-2006

850-668-9518

Daytime Phone #